Attorney's Docket No.: 10527-462001 / 02-253



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: O'Brien et al.

Art Unit: 3738

Serial No.: 10/664,679

Examiner: Unknown

Filed Title : September 16, 2003

: MEDICAL DEVICES

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Applicants request consideration of the reference listed on the attached PTO-1449 form.

A copy of the listed U.S. patent can be provided upon request.

This statement is being filed before the receipt of a first Office Action on the merits.

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: APRIL 11, 2006

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CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute Form PTO-1449

U.S. Department of Commerce Patent and Trademark Office

Attorney's Docket No. Application No. 10/664,679 10527-462001

Information Disclosure Statement by Applicant (Use several sheets if necessary)

O'Brien et al.

Applicant

Filing Date

Group Art Unit

(37 CFR §1.98(b))

September 16, 2003 3738

U.S. Patent Documents							
Examiner	Desig.	Document	Publication				Filing Date
Initial	ID	Number	Date	Patentee	Class	Subclass	If Appropriate
	AA	6,663,662	12/16/2003	Pacetti et al.			

Foreign Patent Documents or Published Foreign Patent Applications								
Examiner	Desig.	Document	Publication	Country or			Trans	slation
Initial	ID	Number	Date	Patent Office	Class	Subclass	Yes	No
	AB							

	Other Do	ocuments (include Author, Title, Date, and Place of Publication)
Examiner	Desig.	
Initial	ID :	Document
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Examiner Signature	Date Considered				
EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with					
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